

DOCUMENTATION OF SITE CONTROL FOR RECREATION AND SNOWMOBILE TRAIL GRANT APPLICATIONS

This information is requested by authority of Part 821 of Act 451 of 1994, as amended.

TRAIL SPONSOR (GRANT APPLICANT) INFORMATION				
Trail Sponsor (Organization Name)			Year	Local Trail Grant Number
TRAIL SEGMENT*	NAME OF LAND OWNER	LENGTH IN MILES	TYPE OF CONTROL**	TERM OF CONTROL
* Segment names must correlate with plat maps showing trail route included with application. ** O = owned by sponsor, L = lease, E = easement, W = written agreement				

CERTIFICATION:

I hereby certify that the information provided above and attached is accurate. I understand that the site control is an application-eligibility requirement.

NAME (Printed/Typed) _____ TITLE _____
Trail Sponsor Representative

SIGNATURE _____ DATE _____

Send this completed Documentation of Site Control to: **GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING MI 48909-7925**